

PARALEGAL SPECIALIST
DESIGNATED OFFICE
302-6483

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. 16/088 744	FILING DATE
CLAIMS						APPLICANT(S)	
NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		NO.
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							51
2							52
3							53
4							54
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44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.							TOTAL IND.
TOTAL DEP.							TOTAL DEP.
TOTAL CLAIMS							TOTAL CLAIMS

PTO-1260 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE
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